

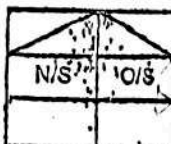
ASS. REC. BY: Steve T DEPT FCI

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
☒ OD ☐ TP ☐ WS ☐ PRES ☐ OD-RES ☐ EVA ☐ INV ☐ MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 SIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repair: \_\_\_\_\_ days Res.: Yes or No  
 Cum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: YP 889Y Yr Regn: 7/1/16  
 Type: M.Car / M.Cycle / Bus ☒ Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mercedes-Benz Sprinter c.c. 2143  
 Colour: White A/C: Insured / Std / NI / N  
 Sp. Reading: 244655 TIRadio: Insured / Std / NI / N  
 Eng/No: \_\_\_\_\_  
 C/No: WDB 926653241271  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Locked / Burnt or  
 Brakes: Inorder / Jammed / Locked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/75R16C  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm U/Bal. 4 mm  
 D.O.A. 8/7/21 O.O.I. 19/7/21  
 Survey held at Cyck & Camge  
 Des. of Damages: Fnt / Rear / ☒ O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MF-55K</u>

File/Time, File, Post 107. ☐ : Prel. Report  
☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$ \_\_\_\_\_) ☐ S + RS \$  
☐ Interview (\$ \_\_\_\_\_) ☐ Photos  
☐ Tech. Inve (\$ \_\_\_\_\_) ☐ Others  
☐ Weekend (\$ \_\_\_\_\_)

Approved by:

Signature / Date



Mercedes-Benz

Cycle & Carriage  
Industries Pte Limited  
Authorised Dealer  
Company No. 196400367W  
GST Reg No. MR-8500111-X

## ESTIMATE FOR YP889Y

MS FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIM DEPARTMENT  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580  
65073848

WIP No  
Reg No/Reg Date  
Date In/Mileage  
Chassis No  
Engine No  
Make/Model  
Colour/Trim

### Vehicle & Document Information

49181  
YP889Y / 07/01/2016  
243898  
WDB9066532P181271  
65195532993520  
MBCV/516CDI/3665 Spr1  
914 Arctic White / NA NOT APPLICABLE

Account No	Terms	Date/Time Printed	CSE	Operator
WF001862	Credit	16/07/2021/ 09:51	PC	610 / Philip Cheong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
A 00940101 TO REMOVE & REPAIR SIDE PANEL ,FRONT DOOR RH 460 X 3				2700.00
A 00940101 TO REMOVE & REFIT INNER BOX SHELF (photo)				1800.00
A 00940101 LOGO				2250.00
A 00940101 TO PUTTY & SPRAY PAINTING SIDE PANEL ,FRONT 960 X 3				1950.00
DOOR AND LOWER SHIRT	1.00	1512.33	00.00	1512.33
M SIDEWALL FRAME	1.00	469.61	00.00	469.61
M PANELING (new disc) - CD	1.00	244.97	00.00	244.97
M MOULDING (u u) - CNT				

ESTIMATE

Steve (LKK)  
19/7/21, 3-8pm  
8322 8813  
00-AL AL  
EXCESS-?  
PIP  
My B/L sy  
7 dys

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation

Confirmed & accepted by company survey is on a "Without Prejudice" basis

- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Authorized signatory and company stamp

Nett 10,926.91  
7% GST on 10926.91 764.88  
Total Payable 11,691.79

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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Pandan Gardens MBCV Customer Service Center  
209 Pandan Gardens  
Singapore 609339  
Tel: (65) 67714389  
Fax: (65) 67756310  
www.mercedes-benz.com.sg

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	13/07/2021 11:16 (SGT)
Date of Accident	08/07/2021 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEVONSHIRE ROAD ALONG KILLINEY ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YP889Y

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AETOS SECURITY MANAGEMENT PTE
Company Reg No	2XXXXX601N
Email Address	MURUGAN.ARUNACHAIM@AETOS.COM.SG
Mobile Phone No	(Phone) +65-85697790
Alternative Phone No	+65-85697790

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Sprinter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21096813MFCV/17
Cover Note Number	-

#### DRIVER

Name of Driver	CHOONG WEI YIN
Passport No/FIN	GXXXX218W

Date Of Birth	27/05/1996
Occupation	Outdoor
Date Of Driving Pass	07/05/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82018836
Alt. Phone Number	-
Email Address	MURUGAN.ARUNACHAIM@AETOS.COM.SG
Address	BLK 408 CHOA CHU KANG AVENUE 3 #09-305
Address complement	-
Postcode	680408
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ANDY VOON TI NENG
Gender	Male

#### PASSENGER 2

Name	TAN HENG YEP
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

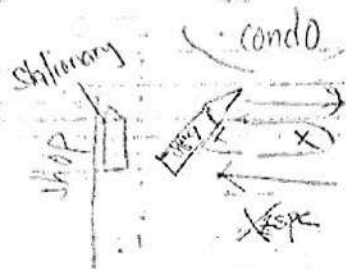
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

# DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number	DIVIDER
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached AETOS Incident report. Thank you

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Reporting Centre Personnel's Signature

Other's Signature

(If different to other than Reporting Centre)

COMFORT ENGINEERING PTE LTD  
320 HILL ROAD 3  
SINGAPORE 408640

Reporting Centre Personnel's Signature

(Name)

# SKETCH PLAN


## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and my necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (entirely for the "purpose(s)");
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

COMFORTENGRU ENGINEERING PTE LTD  
220 UST ROAD 3  
SINGAPORE 408619

Reporting Centre Personnel's Signature  
Name:  
NIC/PIN No.:



RESTRICTED

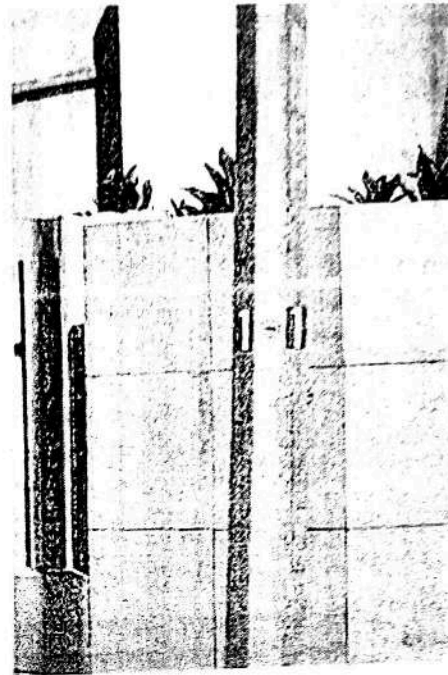
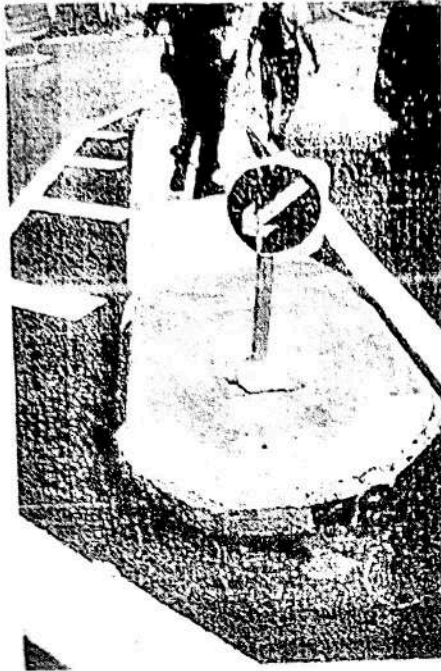


**AETOS AUXILIARY POLICE FORCE**  
**INCIDENT REPORT**

<b>Nature of Incident</b>		<b>Location of Incident</b>	
SSB Vehicle YP 889 Y Hit Road "Keep Left" Signage		Devonshire Rd along Killiney Road (Nearest Lamp Post Number - 1)	
<b>Date/Day:</b>	8 <sup>th</sup> July 2021 (Thursday)	<b>Informant:</b>	CPL (APF) T11196 Chong Wei Yin
<b>Time:</b>	1028hrs	<b>Team:</b>	SW 02 (CRD)
<b>Particulars of Driver</b>			
<b>Name</b>	: CPL (APF) T11196 Chong Wei Yin		
<b>Sex/Age</b>	: Female/ 25 Years		
<b>NRIC/FIN No:</b>	: G2837****		
<b>Vehicle No</b>	: YP 889 Y		
<b>1. Brief Fact of Case:</b>			
<p>On the mentioned date and time, the team was deployed for Cash Replenishment Day (CRD) shift duties. After Randomization Team Formation System (RTFS) team was assigned for Team SW 2 with Replenishment Officer (RO), CPL (APF) T11679 Andy Voon Ti Neng, Guardsman (GM), CPL (APF) T12522 Tan Heng Yee and Ops Driver, CPL (APF) T11196 Chong Wei Yin, SSB Vehicle registration no: YP 889 Y was assigned to the team.</p> <p>CRD replenishment team SW 2 Ops Driver called and reported that when their vehicle from Killiney Rd turning right to Devonshire Rd, she drove up to the road center divider and hit the road "keep left" signage.</p> <p>The nearest lamp post number to the scene was number "1" (refer to attached photo).</p> <p>Driver claimed that she attempted to maneuver to the right turn narrowly to avoid a car reversing at the junction.</p> <p>There is no any third party involved and nobody injured from this incident.</p> <p>The road signage was dented after hit by the vehicle.</p> <p>The vehicle's right lower body parts were damaged (refer to the attached photo). The vehicle still able to drive.</p>			

Page 1 of 3





**Declaration:**

The above incident report was read over and explained to me in English. I affirmed it to be true, correct and I was offered to make any changes to the incident report but I declined.

**Reported & Acknowledge By:**

Ops Driver: CPL (APF) T1196 Tony W. S. P. Signature: [Signature] Date: 5/7/2021

Replenish Officer: (PLC) T11211 Andy Y. S. P. Signature: [Signature] Date: 08/07/2021

Guardsman: CPL (APF) T112522 Tan Hong Yip Signature: [Signature] Date: 08/07/2021

Drafted by: SGT (APF) T11201 Bek Shuang Jun On duty Section In-Charge Sector E2	Signature: <u>[Signature]</u>	Date: 8 <sup>th</sup> July 2021
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**SINGAPORE  
POLICE FORCE**



E/20210708/7023

1 of 1

**POLICE REPORT (NP299)**

Report No. E/20210708/7023

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No. 1800-3910000

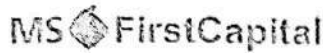
Date/Time Report Made 08/07/2021 17:29	Vide Report No.	Station Diary No.
Name Of Informant CHONG WEI YIN	Address	
ID Type / ID No. FIN NO / G2837218W	Contact No. Home/Office:	Mobile: 82018836
Nationality MALAYSIAN	Email Address CWY7009@GMAIL.COM	
Occupation Auxiliary police officer	Sex Female	Age 25
Institution/School Name	Date of Birth 27/05/1996	Race Chinese
	Language English	
Date/Time Of Incident 08/07/2021 10:25 - 08/07/2021 10:30	Location Of Incident DEVONSHIRE ROAD	

**Brief details.**

I am the driver of Aetos company vehicle Num : YP889Y. On 8/7/2021, @ 1028hrs. I was the driver, while trying to avoid another vehicle, my vehicle drove up to the center divider and hit the "keep left" signage at . There is no third party involved and nobody injury from this accident. The road sign signage was dented after hit by the vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2021 17:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



MS First Capital Insurance Limited. Co. Reg. No. 1900001060. GST Reg. No. M2 050167499  
 6 Raffles Quay #21-00 Singapore 048580  
 Tel: (65) 6222 2311 Fax: (65) 6222 3547  
 Claims & Motor Underwriting Dept. 36 Robinson Road #15-01 City House Singapore 068877  
 Tel: (65) 6507 8048 Fax: (65) 6507 3049  
 www.msfirstcapital.com.sg

**CERTIFICATE OF INSURANCE**

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy: : COMMERCIAL VEHICLE - FLEET  
 Type of Cover: : Comprehensive  
 Certificate No: : D-21068813MFCV/17  
 Vehicle No / Chassis No: : YP889Y / WDB9068532P161271  
 Name of Insured: : AETOS SECURITY MANAGEMENT PTE LTD  
 Period Of Insurance: : 01.01.2021 To 31.12.2021  
 Insured Estimated Value: : Market Value At Time Of Loss  
 Financial Institution: : N/A  
 Excess: :  
 SGD750.00 SECTION I  
 AN EXCESS OF SGD3,000.00 ON SECTION I IS IMPOSED ON THOSE DRIVERS WHO ARE  
 BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver\*  
 ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive\*  
 Any person who is driving on the insured's order or with their permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted, and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**Limitations as to use\***

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited  
 (Approved Insurers)

Authorised Signature

SJSAN/BC009/MZ300C

Issued at Singapore on 02.12.2020

A Member of MSF FINANCE GROUP